MDR Tracking Number: M5-04-2918-01

Under the provisions of Section 413.031 of the Texas Workers' Compensation Act, Title 5, Subtitle A of the Texas Labor Code, effective June 17, 2001 and Commission Rule 133.305 titled Medical Dispute Resolution- General, 133.307 and 133.308 titled Medical Dispute Resolution by Independent Review Organizations, the Medical Review Division assigned an IRO to conduct a review of the disputed medical necessity issues between the requestor and the respondent. This dispute was received on 05-06-04.

The IRO reviewed office visits, manual traction, supplies and materials, neuromuscular re-education, durable medical equipment rendered from 05-06-03 through 07-25-03 that were denied based upon "U".

The IRO determined that services prior to 05-30-03 **were** medically necessary (except for the analgesic balm). The IRO determined that services after 05-30-03 **were not** medically necessary and the IRO determined that the analgesic balm **was not** medically necessary.

The Medical Review Division has reviewed the IRO decision and determined that **the requestor did not prevail** on the **majority** of issues of medical necessity. Consequently, the requestor is not owed a refund of the paid IRO fee.

In accordance with §413.031(e), it is a defense for the carrier if the carrier timely complies with the IRO decision.

Based on review of the disputed issues within the request, the Medical Review Division has determined that **medical necessity was not the only issue** to be resolved. This dispute also contained services that were not addressed by the IRO and will be reviewed by the Medical Review Division.

On 06-03-04, the Medical Review Division submitted a Notice to requestor to submit additional documentation necessary to support the charges and to challenge the reasons the respondent had denied reimbursement within 14-days of the requestor's receipt of the Notice.

Review of CPT code 97265 dates of service 05-06-03 through 07-11-03 (5 DOS) revealed that neither the requestor nor the respondent submitted copies of EOBs. Per Rule 133.307(e)(2)(B) the provider did not submit convincing evidence of carrier receipt of the providers request for EOBs. No reimbursement is recommended.

Review of CPT code 99070 dates of service 05-06-03, 05-08-03 and 07-11-03 revealed that neither the requestor nor the respondent submitted copies of EOBs. Per Rule 133.307(e)(2)(B) the provider did not submit convincing evidence of carrier receipt of the providers request for EOBs. No reimbursement is recommended.

Review of CPT code 99213 dates of service 05-07-03, 05-08-03, 05-21-03 and 05-23-03 revealed that neither the requestor nor the respondent submitted copies of EOBs. Per Rule 133.307(e)(2)(B) the provider did not submit convincing evidence of carrier receipt of the providers request for EOBs. No reimbursement is recommended.

Review of CPT code 97250 dates of service 05-07-03 through 07-11-03 revealed that neither the requestor nor the respondent submitted copies of EOBs. Per Rule 133.307(e)(2)(B) the provider did not submit convincing evidence of carrier receipt of the providers request for EOBs. No reimbursement is recommended.

Review of CPT code 97110 dates of service 05-07-03 through 06-25-03 revealed that neither the requestor nor the respondent submitted copies of EOBs. Recent review of disputes involving CPT Code 97110 by the Medical Dispute Resolution section indicate overall deficiencies in the adequacy of the documentation of this Code both with respect to the medical necessity of one-on-one therapy and documentation reflecting that these individual services were provided as billed. Moreover, the disputes indicate confusion regarding what constitutes "one-on-one." Therefore, consistent with the general obligation set forth in Section 413.016 of the Labor Code, the Medical Review Division has reviewed the matters in light all of the Commission requirements for proper documentation. The MRD declines to order payment because the SOAP notes do not clearly delineate exclusive one-on-one treatment nor did the requestor identify the severity of the injury to warrant exclusive one-to-one therapy. Reimbursement not recommended.

Review of CPT code 97112 dates of service 05-07-03 through 07-11-03 revealed that neither the requestor nor the respondent submitted copies of EOBs. Per Rule 133.307(e)(2)(B) the provider did not submit convincing evidence of carrier receipt of the providers request for EOBs. No reimbursement is recommended.

Review of CPT code 97122 date of service 06-19-03 revealed that neither the requestor nor the respondent submitted a copy of the EOB. Per Rule 133.307(e)(2)(B) the provider did not submit convincing evidence of carrier receipt of the providers request for an EOB. No reimbursement is recommended.

Review of HCPCS code E1399 date of service 06-19-03 revealed that neither the requestor nor the respondent submitted a copy of the EOB. Per Rule 133.307(e)(2)(B) the provider did not submit convincing evidence of carrier receipt of the providers request for an EOB. No reimbursement is recommended.

Review of CPT code 97530 date of service 07-11-03 revealed that neither the requestor nor the respondent submitted a copy of the EOB. Per Rule 133.307(e)(2)(B) the provider did not submit convincing evidence of carrier receipt of the providers request for an EOB. No reimbursement is recommended.

CPT code 97110 dates of service 05-06-03 through 06-23-03 (17 DOS) denied with denial code "F" (fee guideline MAR reduction). Recent review of disputes involving CPT Code 97110 by the Medical Dispute Resolution section indicate overall deficiencies in the adequacy of the documentation of this Code both with respect to the medical necessity of one-on-one therapy and documentation reflecting that these individual services were provided as billed. Moreover, the disputes indicate confusion regarding what constitutes "one-on-one." Therefore, consistent with the general obligation set forth in Section 413.016 of the Labor Code, the Medical Review Division has reviewed the matters in light all of the Commission requirements for proper documentation. The MRD declines to order payment because the SOAP notes do not clearly delineate exclusive one-on-one treatment nor did the requestor identify the severity of the injury to warrant exclusive one-to-one therapy. Reimbursement not recommended.

CPT code 97265 dates of service 05-12-03 through 07-25-03 (30 DOS) denied with denial code "F" (fee guideline MAR reduction). The carrier has made no payment. Reimbursement is per the 96 Medical Fee Guideline in the amount of $1,290.00 ($43.00 X 30 DOS).

CPT code 99070 dates of service 05-12-03 through 07-25-03 (30 DOS) denied with denial code "F" (fee guideline MAR reduction). The carrier has made no payment. Reimbursement is per the 96 Medical Fee Guideline in the amount of $450.00 ($15.00 X 30 DOS).

CPT code 97122 dates of service 05-12-03 through 07-25-03 (24 DOS) denied with denial code "F" (fee guideline MAR reduction). The carrier has made no payment. Reimbursement is per the 96 Medical Fee Guideline in the amount of $840.00 ($35.00 X 24 DOS).

CPT code 99213 dates of service 05-13-03 through 07-23-03 (11DOS) denied with denial code "F" (fee guideline MAR reduction). The carrier has made no payment. Reimbursement is per the 96 Medical Fee Guideline in the amount of $528.00 ($48.00 X 11 DOS).

CPT code 97250 dates of service 05-13-03 through 07-25-03 (29 DOS) denied with denial code "F" (fee guideline MAR reduction). The carrier has made no payment. Reimbursement is per the 96 Medical Fee Guideline in the amount of $1,247.00 ($43.00 X 29 DOS).

HCPCS code E1399 dates of service 05-14-03 through 07-25-03 (4 DOS)(9 units) denied with denial code "F" (fee guideline MAR reduction). The carrier has made no payment. Reimbursement is per the 96 Medical Fee Guideline in the amount of $144.00 ($16.00 X 9 units).

CPT code 99215 date of service 05-30-03 denied with denial code "F" (fee guideline MAR reduction). The carrier has made no payment. Reimbursement is per the 96 Medical Fee Guideline in the amount of $103.00.

HCPCS code E0745 dates of service 06-27-03 and 07-25-03 denied with denial code "F" (fee

guideline MAR reduction). The carrier has made no payment. Reimbursement is per the 96 Medical Fee Guideline in the amount of $330.00 ($165.00 X 2).

CPT code 97530 dates of service 06-30-03 through 07-25-03 (11 DOS)(66 units) denied with denial code "F" (fee guideline MAR reduction). The carrier has made no payment. Reimbursement is per the 96 Medical Fee Guideline in the amount of $2,310.00 ($35.00 X 66 units).

CPT code 97010 date of service 07-25-03 denied with with denial code "F" (fee guideline MAR reduction). The carrier has made no payment. Reimbursement is per the 96 Medical Fee Guideline in the amount of $11.00.

CPT code 99213 date of service 05-19-03 denied with denial code "D" (duplicate billing). The respondent did not specify which service code 99213 was a duplicate to. Per Rule 133.304(c) reimbursement is recommended per the 96 Medical Fee Guideline in the amount of $48.00.

CPT code 97250 date of service 05-19-03 denied with denial code "D" (duplicate billing). The respondent did not specify which service code 99213 was a duplicate to. Per Rule 133.304(c) reimbursement is recommended per the 96 Medical Fee Guideline in the amount of $43.00.

CPT code 97265 date of service 05-19-03 denied with denial code "D" (duplicate billing). The respondent did not specify which service code 99213 was a duplicate to. Per Rule 133.304(c) reimbursement is recommended per the 96 Medical Fee Guideline in the amount of $43.00.

CPT code 99070 date of service 05-19-03 denied with denial code "D" (duplicate billing). The respondent did not specify which service code 99213 was a duplicate to. Per Rule 133.304(c) reimbursement is recommended per the 96 Medical Fee Guideline in the amount of $15.00.

CPT code 97110 date of service 05-19-03 denied with denial code "D" (duplicate billing). Recent review of disputes involving CPT Code 97110 by the Medical Dispute Resolution section indicate overall deficiencies in the adequacy of the documentation of this Code both with respect to the medical necessity of one-on-one therapy and documentation reflecting that these individual services were provided as billed. Moreover, the disputes indicate confusion regarding what constitutes "one-on-one." Therefore, consistent with the general obligation set forth in Section 413.016 of the Labor Code, the Medical Review Division has reviewed the matters in light all of the Commission requirements for proper documentation. The MRD declines to order payment because the SOAP notes do not clearly delineate exclusive one-on-one treatment nor did the requestor identify the severity of the injury to warrant exclusive one-to-one therapy. Reimbursement not recommended.

CPT code 97122 date of service 05-19-03 denied with denial code "D" (duplicate billing). The

respondent did not specify which service code 99213 was a duplicate to. Per Rule 133.304(c) reimbursement is recommended per the 96 Medical Fee Guideline in the amount of $35.00.

This Decision is hereby issued this 16th day of December 2004.

Debra L. Hewitt
Medical Dispute Resolution Officer
Medical Review Division

ORDER

Pursuant to §§402.042, 413.016, 413.031, and 413.019 of the Act, the Medical Review Division hereby ORDERS the respondent to pay for the unpaid medical fees in accordance with the fair and reasonable rate as set forth in Commission Rule 133.1(a)(8) plus all accrued interest due at the time of payment to the requestor within 20-days of receipt of this order. This Decision is applicable for dates of service 05-06-03 through 07-25-03 in this dispute.

The respondent is prohibited from asserting additional denial reasons relative to this Decision upon issuing payment to the requestor in accordance with this Order (Rule 133.307(j)(2)).

This Order is hereby issued this 16th day of December 2004.

Roy Lewis, Supervisor
Medical Dispute Resolution
Medical Review Division

RL/dlh

Enclosure: IRO Decision

Envoy Medical Systems, LP
1726 Cricket Hollow
Austin, Texas 78758

Ph. 512/248-9020 **Fax 512/491-5145**
IRO Certificate #4599

NOTICE OF INDEPENDENT REVIEW DECISION

August 18, 2004

Re: IRO Case # M5-04-2918-01 amended 9/28/04, 10/25/04, 12/6/04

Texas Worker's Compensation Commission:

Envoy Medical Systems, LP (Envoy) has been certified as an independent review organization (IRO) and has been authorized to perform independent reviews of medical necessity for the Texas Worker's Compensation Commission (TWCC). Texas HB. 2600, Rule133.308 effective January 1, 2002, allows a claimant or provider who has received an adverse medical necessity determination from a carrier's internal process, to request an independent review by an IRO.

In accordance with the requirement that TWCC assign cases to certified IROs, TWCC assigned this case to Envoy for an independent review. Envoy has performed an independent review of the proposed care to determine if the adverse determination was appropriate. For that purpose, Envoy received relevant medical records, any documents obtained from parties in making the adverse determination, and any other documents and/or written information submitted in support of the appeal.

The case was reviewed by a Doctor of Chiropractic, who is licensed by the State of Texas, and who has met the requirements for TWCC Approved Doctor List or has been approved as an exception to the Approved Doctor List. He or she has signed a certification statement attesting that no known conflicts of interest exist between him or her and any of the treating physicians or providers, or any of the physicians or providers who reviewed the case for a determination prior to referral to Envoy for independent review. In addition, the certification statement further attests that the review was performed without bias for or against the carrier, medical provider, or any other party to this case.

The determination of the Envoy reviewer who reviewed this case, based on the medical records provided, is as follows:

Medical Information Reviewed

1. Table of disputed service
2. Explanation of benefits
3. Operative report 4/23/03
4. M.D. report and progress notes
5. EMG/NCS reports 9/9/02, 4/12/02
6. D.C. reports 7/25/03, 6/27/03
7. D.C. treatment summation 6/30/03
8. D.C. treatment notes

History

The patient injured her wrists after repetitive movement. She had left carpal tunnel surgery on 5/23/02, and right carpal tunnel surgery on 4/23/03. Post-operative chiropractic treatment is disputed.

Requested Service(s)
Office visit, traction manual, supplies and materials, neuromuscular reeducation, durable medical equipment 5/6/03 – 7/25/03

Decision
I agree with the carrier's decision to deny the requested all services after 5/30/03. I also agree with the decision to deny the analgesic balm.
I disagree with the decision to deny the other requested services, (except for the analgesic balm) through 5/30/03.

Rationale
The patient deserved a trial of conservative post-operative therapy to increase range of motion and strength, and to decrease pain. Treatment was extensive. Three to four weeks of treatment would be reasonable, followed by a home exercise program. Treatment after 5/30/03 was excessive. Treatment was too intense and over utilized.
The EMS unit and analgesic balm were unnecessary. The need for such passive modalities was not established.
The D.C.'s documentation was voluminous, but lacked subjective complaints and VAS pain ratings. After reading all of the D.C. treatment notes provided, I still have no clue of how the patient felt, or if she was feeling better or had pain. On 7/25/03, the last documented treatment date in the records provided, there is no indication of how the patient was feeling. Objective findings and subjective complaints fail to support treatment after 5/30/03. Treatment after 5/30/03 was too intense and over utilized and thus, possibly iatrogenic.

This medical necessity decision by an Independent Review Organization is deemed to be a Commission decision and order.

_____
Daniel Y. Chin, for GP